

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4977PRI	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2009
NAME OF PROVIDER OR SUPPLIER WARM SPRINGS CORRECTIONAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3301 E 5TH STREET CARSON CITY, NV 89701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 21044 This Statement of Deficiencies was generated as a result of survey conducted at your facility on 10/2/09 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	S 000		
S 115	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Surveyor: 21044	S 115		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 115	Continued From page 1 Based on record review on 10/2/09, the correctional center failed to ensure 3 of 10 inmates received tuberculosis (TB) testing. Findings include: Inmate #8 - The inmate's file contained a one-step TB skin test dated 7/1/09. The inmate file did not contain a second-step TB skin test. Inmate #9 - The inmate's file did not contain evidence of a two-step TB skin test. Inmate #10 - The inmate's file did not contain evidence of a two-step TB skin test.	S 115			
S 126	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (a) The standards for the control of infection established by the infection control officer of the hospital This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation, record review and interview on 10/2/09, the correctional center was not following policy and procedures regarding the sterilization of instruments. Findings include: A 4/1/09 policy titled, "Sterilization of medical and dental instruments" was reviewed. The policy indicated that biological testing was to be done at a minimum of once a week to ensure the proper function of the sterilization equipment. The policy	S 126			

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S 126	Continued From page 2 indicated that Attest ampoules were to be run weekly to determine the efficiency of the sterilizer and the test results were to be logged. The Attest log revealed that no weekly testing of ampoules was conducted from 1/16/08 to 5/24/09, from 5/24/09 to 8/7/09 and from 8/30/09 to 9/30/09. The policy also revealed the sterilizer was to receive monthly maintenance to prevent the unit from failing prematurely. The dental technician was interviewed about the maintenance schedule of the sterilizer and she reported the sterilizer had a "safety check" done in July of 2009 as evidenced by a inspection sticker, but that the unit had never been serviced monthly.	S 126			
S 128	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Surveyor: 21044 Based on observation and record review on 10/2/09, the correctional center was not following manufacturer's guidelines for the use and maintenance of the sterilizer equipment. Findings include: Multiple instrument packs were observed. All of the instruments (clamps, scissors, etc.) inside the sterile packages were in the closed position. Review of the autoclave operation manual	S 128			

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S 128	Continued From page 3 revealed instructions that all instruments should be in an open position when sterilized.	S 128			
S 129	NAC 449.327 Sterile Supplies and Medical Equipment 3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review and interview on 10/2/09, the correctional center did not ensure medical staff received training on sterilization of instruments and the use of the instrument autoclave. Findings include: During an interview with the dental technician, she reported that she sterilized the majority of the instruments, but during her absences, the nurses sterilized instruments. The dental technician had evidence of sterilization training in a file. When asked about sterilization training of the nurses, the Director of Nursing reported the nurses did not have evidence of any sterilization training in their files.	S 129			
S 181	NAC 449.3385 Dietary Personnel 2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional	S 181			

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S 181	Continued From page 4 management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant. This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review and interview on 10/2/09, the correctional facility did not ensure the culinary department was under the direction of a registered dietician. Findings include: There was no documentation that in-service training for food service personnel had been provided by the dietitian consultant. Staff stated that the dietitian did not conduct in-service trainings for culinary staff for safe and sanitary food handling practices because she had never been to the correctional center and only reviewed menus for nutritional adequacy.	S 181			
S 290	NAC 449.361 Nursing Services 1. A hospital shall have a well-organized plan that provides for 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse. This Regulation is not met as evidenced by: Surveyor: 21044	S 290			

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S 290	Continued From page 5 Based on record review and interviews on 10/2/09, the medical unit did not provide 24-hour nursing services to inmates. Findings include: During a review of the staff schedule, it was discovered the infirmary was not staffed with nurses during the night shift from 11:00PM to 7:00AM. The Director of Nursing (DON) reported that if there was a medical emergency or if an inmate needed medication, guards would call the nearby correctional center for the night shift registered nurse.	S 290		
S 297	NAC 449.361 Nursing Service 8. The chief administrative nurse shall define the policies, procedures and standards relating to the provision of nursing services and shall ensure that the members of the nursing staff carry out those policies, procedures and standards. The policies, procedures and standards must be documented and accessible to each member of the nursing staff in written or electronic form. The chief administrative nurse must approve each element of the policies, procedures and standards before the element may be used or put into effect. This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review and interview on 10/2/09, the correctional center failed to follow policy regarding annual competency testing for nursing staff performing laboratory tests. Findings include: During an inspection of the laboratory area, a	S 297		

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S 297	Continued From page 6 competency testing log was reviewed that documented the annual competency testing for the nurses that performed laboratory duties such as urine testing, collecting specimens, drawing blood and the use of the glucometer. The last entry in the log was dated 7/7/08. Staff reported they were supposed to perform competency testing per policy, but had stopped doing the testing.	S 297			

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